

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0198  
Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13772</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>CHAMBERS BLINDY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>90 LOCUM 584 73 HUDSON ST</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013</u>	4. Name, file number, and address of labor organization. Name <u>90 LOCUM 584 73 HUDSON ST</u> Labor Organization File Number <u>012-619</u> P.O. Box, Building and Room Number, if any _____ Street <u>73 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013</u>
5. Position in labor organization. <u>Vice Pres</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On _____ Date _____	Telephone Number _____

Name of Person Filing <u>CHARLES BLINDY</u>	File Number U- <u>012-619</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 584 - PENSION WELFARE  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
 Street 73 HUDSON STREET  
 City NEW YORK  
 State NEW YORK ZIP Code + 4 10013

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

11.a. Nature of such dealing.

LOCAL 584 HEALTH & PENSION FUND FOR UNION MEMBERS

11.b. Approximate dollar value of such dealing.

9,556,913.00

12.a. Nature of interest held or income received.

HEALTH, WELFARE PENSION TRUSTEES MEETINGS, LUNCH

12.b. Amount.

405.67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



November 11, 2005

To whom it may concern,

This letter was sent on an early previous date but was lost in the mail. As I have moved to a new address, I was not aware of this matter. I am now resending this information.

Thank you very much  
Charlie Brady